

FILED OCT 7 1941

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1936**

1. PLACE OF DEATH:

(a) County **St. Louis County**
 (b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Admitted 7/16/41**
(Specify whether years, months or days)
 In this community **Since 7/16/41**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **990**
 (c) City or town **Stanton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **811 So. Union**
(If rural, give location)
 (e) Citizen of foreign country? **-** **2** (Yes or No)
 If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16th**,
 year **1941** hour **3:05** minute **-** P. M.

21. I hereby certify that I attended the deceased from
July 16, 19**41** to **Sept. 16,** 19**41**
 that I last saw him **in** alive on **Sept. 16,** 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, bronchial, left lung.**
 Due to **10/15/41**
 Due to **10/15/41**

Other conditions **Uterine Prolapse, cholecystitis, hepatitis**

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **NO**
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) Means of injury _____
 23. Signature **L. M. COCHRAN, M.D.** (M. D. or other) **0**
 Address **Chief Medical Officer** Date signed **9/16/41**

3. (a) PRINT FULL NAME **Walter P. Fuchs**

3. (b) (If veteran, name war **World War**) 3. (c) Social Security No. **Yes - not remembered**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced: **single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **-** years

7: Birth date of deceased **Sept. 17, 1889**
(Month) (Day) (Year)

8. AGE: Years **51** Months **11** Days **29**
 If less than one day _____ hr. _____ min.

9. Birthplace **Stanton / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business _____

12. Name **August Fuchs**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Hamm**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Schellig**

(b) Address **Clinical Clerk, VAF, Jeff. Bks., Mo.**

17. (a) **Removal** (b) Date thereof **9/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanton, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **SEP 18 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

For H. E. D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *G. W. Wilkins*
Licensed Embalmer No..... *3575*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.